

APPENDICES TO BSCB ANNUAL REPORT 2013-2014

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APPENDIX 1 - BSCB and Sub Group members 2013 - 2014

BSCB Strategic Board

Gill Rigg	Independent Chair of BSCB
Shabana Abasi	Head of Service, CAFCASS (December 2013 – February 2014)
Cllr Gill Campbell	Lead Member for Children & Families, Bury Council
Mark Carriline	Executive Director, Children's Services, Bury Council
Ian Chambers	Assistant Director for Learning, Children's Services, Bury Council
Nigel Elliott	Assistant Chief Executive, Greater Manchester Probation Trust
Dr Cathy Fines	Safeguarding Lead, Bury Clinical Commissioning Group
Julie Gonda	Assistant Director, Commissioning and Procurement, Adult Services, Bury Council (until September 2013)
Jackie Gower	Assistant Director for Social Care, Children's Services, Bury Council
Mark Granby	Superintendent, Greater Manchester Police (until February 2014)
Glen Hagan	Service Manager, CAFCASS (until November 2013)
Karan Lee	Superintendent, Greater Manchester Police (from March 2014)
Helena Leyden	Head of Safeguarding & Professional Lead, Safeguarding and Community Provider Services, Pennine Care Foundation NHS Trust (until December 2013)
Maxine Lomax	Designated Nurse for Safeguarding, Bury Clinical Commissioning Group
Vicky Maloney	Chief Executive, Early Break (3 rd Sector Representative)
Deborah McCallum	Head of Service, CAFCASS (from March 2014)
Mandy Symes	Safeguarding Adults Manager, Adult Care Services, Bury Council (from September 2013)
Jackie Taylor	Director of Community Services Bury, Pennine Care Foundation NHS Trust (from December 2013)
Cathy Trinick	Divisional Director for Women's and Children's Services, Pennine Acute Hospitals NHS Trust
Ian Trodden	Director of Nursing, Pennine Care NHS Foundation Trust (until November 2013)
Grace Wall	Patient Experience Manager, NHS England (from September 2013)
2 x Lay Members	
Safeguarding adviser:	Service Manager, Safeguarding Unit, Children's Services, Bury Council (until December 2013) Interim Business Manager, BSCB (from January 2014)

Bury Safeguarding Children Board Executive Group

Gill Rigg

Independent Chair of BSCB

Assistant Director for Safeguarding & Social Care, Children's Services, Bury Council

Named Nurse for Safeguarding, Pennine Care Foundation NHS Trust (Community Services Bury)

Operations Manager, Greater Manchester Probation Trust

Development Officer, BSCB (until December 2013)

Interim Business Manager, BSCB (from January 2014)

Detective Inspector, Bury PPIU, Greater Manchester Police

Named Nurse for Safeguarding (Bury Borough), Pennine Care Foundation NHS Trust (Mental Health Services)

Designated Doctor for Safeguarding, Bury CCG

Designated Nurse for Safeguarding, Bury CCG

YOS Manager

Service Manager – Safeguarding Unit, Children's Services, Bury Council

Strategic Lead – Placement Services, Children's Services, Bury Council (from January 2014)

Headteacher, St Margaret's Primary School, Prestwich

Strategic Lead – Inclusion and Vulnerable Children, Children's Services, Bury Council

Acting Strategic Lead – Early Intervention Service, Children's Services, Bury Council

Lead Officer Safeguarding for Schools and Extended Services, Bury Council

Area Manager, Early Break (Third Sector representative)

Monitoring and Evaluation Sub Group

Chair Service Manager, Safeguarding Unit, Children's Services, Bury Council (until December 2013)

Chair Interim Business Manager, BSCB (from January 2014)

Operations Director, Integrated Youth Service

Operations Manager, Greater Manchester Probation Trust

CAF Coordinator, Children's Services, Bury Council

Detective Inspector, Bury PPIU, Greater Manchester Police

Named Nurse for Child Protection (Bury Borough), Pennine Care Foundation NHS Trust (until January 2014)

Designated Doctor, NHS Bury

Resource Officer, Children's Centres, Childcare & Early Years, Children's Services, Bury Council

BSCB Development Officer, BSCB (until December 2013)

Team Manager, Safeguarding Team, Children's Services, Bury Council

Specialist Nurse for Safeguarding, Community Services Bury, Pennine Care Foundation NHS Trust

Business Manager for Neighbourhoods, Six Town Housing (from February 2014)

Sub Group Sponsor: Assistant Director for Safeguarding and Social Care, Children's Services, Bury Council

Policies and Procedures Sub Group

Chair	Designated Nurse for Safeguarding, Bury CCG Team Manager, Early Intervention Team, Children's Services, Bury Council (until July 2013) Development Officer, BSCB (until December 2013) Interim Business Manager, BSCB (from January 2014)
(Vice Chair)	Service Manager, Safeguarding Unit, Children's Services, Bury Council (until December 2013) Operations Manager, Greater Manchester Probation Trust Manager, School Attendance Team, Children's Services, Bury Council Team Manager, Safeguarding Team, Children's Services, Bury Council (from November 2013) Area Manager, Early Break Strategic Lead for Schools and Academies, Children's Services, Bury Council Named Doctor, Community Services Bury, Pennine Care Foundation NHS Trust Research & Policy Officer, Strategic Housing Unit, Adult Care Services, Bury Council
Sub group sponsor:	Lay Members

Safeguarding in Schools and Colleges Sub Group

Chair	Head Teacher, St Margaret's C of E Primary School, Prestwich Team Leader, Connexions, Children's Services, Bury Council Deputy Head Teacher, Philips High School Detective Constable, Greater Manchester Police Deputy Head Teacher, Bury Grammar School (until November 2013) School Nurse, Bury Grammar School for Girls (from November 2013) Anti-Bullying Coordinator, Children's Services, Bury Council Head Teacher, Tottington High School (until June 2013) Head Teacher, St Monica's RC High School (from June 2013) LAC Education Team Manager, Children's Services, Bury Council
Vice Chair	Lead Officer for Safeguarding Schools and Extended Services, Children's Services, Bury Head Teacher, St John with St Mark C of E Primary School Director of Student Quality, Bury College Strategic Lead – Inclusion and Vulnerable Children, Children's Services, Bury Council Head Teacher, Unsworth Primary School Head Teacher, Christ Church C of E Primary School Team Leader, School Nursing Team, Community Services Bury, Pennine Care Foundation NHS Trust Development Officer, BSCB (until December 2013) Interim Business Manager, BSCB (from January 2014) Service Manager – CYPIC Team, Children's Services, Bury Council (from November 2013) Strategic Lead for Health & Families, Children's Services, Bury Council (from November 2013)
Sub Group Sponsor:	Assistant Director – Learning, Children's Services, Bury Council

Training and Development Sub Group

Chair	Development Officer, BSCB (until December 2013)
Chair	Interim Business Manager, BSCB (from January 2014)
	IYSS Manager, Children's Services, Bury Council
Vice Chair	Lead Officer Safeguarding for Schools & Extended Services, Children's Services, Bury Council.
	Detective Sergeant, Bury PPIU, Greater Manchester Police
	Curriculum Director for Early Years & Childcare, Bury College
	Reaching Children & Families Worker, Children's Centres and Childcare and Early Years, Bury Council
	Multi-Agency Training Officer, BSCB
	Employee Development Officer, Department of Communities & Neighbourhoods, Bury Council
	Workforce Development Officer, Children's Services, Bury Council
	Team Manager, Safeguarding Team, Children's Services, Bury Council
	Project Worker, B3DSA
	Safeguarding Adults Manager, Adult Care Services, Bury Council
	Specialist Nurse for Safeguarding, Community Services Bury, Pennine Care Foundation NHS Trust
	Lay Member, BSCB
	Family Support Worker, Safeguarding Team, Children's Services, Bury Council (Training Pool Representative) (from March 2014)

Sub Group Sponsor: Safeguarding Lead, Bury Clinical Commissioning Group

Serious Case Review Sub Group

Chair	Service Manager, Safeguarding Unit, Children's Services, Bury Council (until December 2013)
	Strategic Lead – Placement Services, Children's Services, Bury Council (from January 2014)
	Detective Sergeant, Public Protection Section, Greater Manchester Police
	Lead Officer for Schools & Extended Services, Children's Services, Bury Council
	Designated Doctor for Safeguarding, Bury CCG
Vice Chair	Designated Nurse for Safeguarding, Bury CCG
	Safeguarding Lead, Pennine Care Foundation NHS Trust
	Named Nurse, Community Services Bury, Pennine Care Foundation NHS Trust
	Operations Manager, Greater Manchester Probation Trust
	Development Officer, BSCB (until December 2013)
	Interim Business Manager, BSCB (from January 2014)
Sub Group Sponsor:	Superintendent, Bury Division, Greater Manchester Police (until February 2014)
	Assistant Director for Safeguarding & Social Care, Children's Services, Bury Council (from March 2014)

Child Sexual Exploitation (CSE) and Missing Group

Chair	Service Manager – Safeguarding Unit, Children’s Services, Bury Council (until December 2013)
Chair	Strategic Lead – Placement Services, Children’s Services, Bury Council (from January 2014) IYSS Manager, Children’s Services, Bury Council Licensing Manager, Bury Council
Vice Chair	Detective Inspector, Bury PPIU, Bury Council Development Officer, BSCB (until December 2013) Interim Business Manager, BSCB (from January 2014) Lead Officer Safeguarding for Schools & Extended Services, Bury Council LAC Education Manager, Children’s Services, Bury Council Operations Manager, Greater Manchester Probation Trust Deputy Head Teacher, Philips High School Safeguarding Lead, Greater Manchester Fire Service Designated Nurse Safeguarding, Bury CCG Health Improvement Specialist, Public Health Department, Bury Council Service Manager, Safeguarding Unit, Children’s Services, Bury Council Area Manager, Early Break Team Manager – CYPIC, Children’s Services, Bury Council (from November 2013) Missing Person Safeguarding Officer, Greater Manchester Police (from September 2013) Team Manager – MASH, Children’s Services, Bury Council Team Manager, School Attendance Team, Children’s Services, Bury Council (from November 2013)
Sub Group Sponsor:	Superintendent, Bury Division, Greater Manchester Police

BSCB employees

LADO/Development Officer

LADO/Development Officer (part time)

Senior Admin Support Worker

Admin Support Worker (part time)

Multi-Agency Training Officer (part time)

APPENDIX 2 – NHS England Report



NHS England (Greater Manchester) Safeguarding Information for LCSB Annual Reports

Who we are

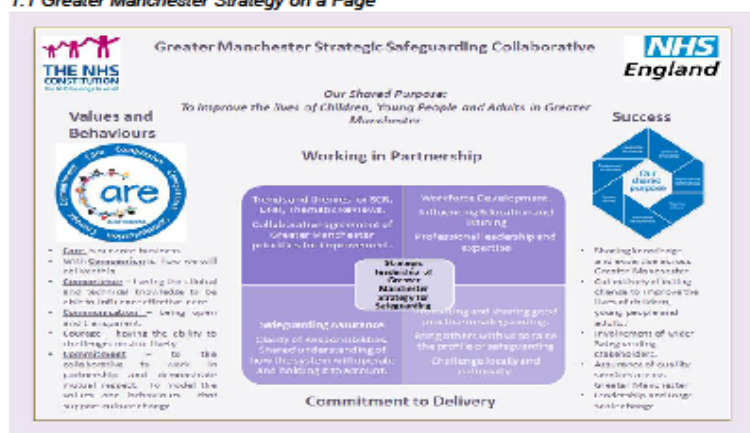
NHS England Safeguarding People in the Reformed NHS guidance outlines the area team’s responsibilities to safeguarding children. Significant changes to the structure of the NHS came into effect on 1 April 2013. New organisations were created and others such as primary care trusts (PCTs) and Strategic Health Authorities (SHAs) were abolished. NHS England is a new national organisation with a local area team covering Greater Manchester. Its main role is to ensure that the overall system of planning and buying NHS services works well and that the NHS delivers better outcomes for patients. NHS England oversees the operation of CCGs making sure they successfully plan and buy services for their local population. It also looks at how well CCGs operate their budgets, engage with their local populations, and deliver the pledges, rights and values in the NHS Constitution. NHS England also plans and buys health services at a national level. These include:

- Specialised services (such as those for rare diseases) including Tier 4 CAMHS
- Prison health services
- Some services for members of the armed forces.
- Primary Care e.g. GP services, dentists, pharmacy and optometry.

Our responsibilities for safeguarding children

NHS England ‘Safeguarding people in the Reformed NHS’ guidance outlines the Area Teams responsibilities to safeguard both Children and Adults who are vulnerable. Our responsibilities are managed through the Greater Manchester Strategic Safeguarding Collaborative which is hosted by the Area Team.

1.1 Greater Manchester Strategy on a Page



Safeguarding Work that we have delivered in Greater Manchester in 2013/14.

Greater Manchester Safeguarding Incident Operating Framework and Log

Greater Manchester Safeguarding Incident Operating Framework and Log is intended to improve the reporting of safeguarding incidents that occur within commissioned health care settings and assist with identifying themes and trends where care may be sub-optimal or patients are at increased risk. The themes and trends will support the development of lessons learnt in relation to safeguarding incidents which inform the Greater Manchester Safeguarding Business Plan. There has been a significant increase in the reporting of safeguarding incidents in Greater Manchester which does not mean that there are more safeguarding incidents occurring but that we are better at reporting. The area team have facilitated two serious safeguarding incident workshops and plan to continue this work in 2014/15.

Greater Manchester Heatmap

Due to the size of Greater Manchester it has been agreed there is a need to focus resource on specific areas where support is required. In order to do this a heatmap has been developed which will assist in providing a Greater Manchester picture of issues/concern. The heatmap is designed to look at the Greater Manchester Safeguarding Health Economy as a whole and therefore includes Area Team, Specialist Commissioning, Health Visiting, Independent Section and Primary Care as well as CCG/Providers. It is vital to note the heatmap is not a performance monitoring tool but a supportive document to allow focussed work.

The Area Team was pleased with the CQCs comments about the heat map in the recent Salford Looked After Children Inspection.

"The Area Team in conjunction with Greater Manchester CCGs is currently developing a Safeguarding 'Heatmap' to provide early warning of safety or poor quality concerns. This should provide an effective model to benchmark the performance of a wide range of local health services and strengthen analysis of trends and learning from safeguarding incidents." Review of Health services for Children Looked After and Safeguarding in Salford 2014

The heatmap will continue to be developed in 2014/15.

Named Professional Service for Primary Care

Greater Manchester is currently not meeting its trajectory for named GP sessions whereby some Clinical Commissioning Groups are employing named GP and others are considering alternative models in collaboration with the Area Team. Greater Manchester is committed to achieving the trajectory of Named GP sessions across the economy in 2014/15.

Events and Conferences

Greater Manchester Safeguarding Conference 2013

The first GM Safeguarding Annual Conference was held in November 2013. The purpose of this was to provide a national as well as local update on Safeguarding. The conference was well attended with a mix of Health, Local Authority and Voluntary Sector Colleagues.

Well Women's Event 2014

Greater Manchester Area Team felt that it was opportune to link screening and immunisation and safeguarding the event to highlight the role of Practice Nurses in primary care. The focus of the day was 'Making Every Contact Count' and that when women attending for screening appointments it could be a valuable opportunity to consider safeguarding. This was based on recommendations from

DHRs and SCRs. Practice Nurses are a workforce who often know their patients, are a familiar face to their patients and are in a trusted position. It is important that Practice Nurses are equipped to understand the signs of abuse and know when and how to act. The event includes presentations on FGM, Domestic Abuse, and CSE.

Primary Care information sharing for Domestic Homicide Reviews

It was brought to the attention of NHS England (Greater Manchester Area Team) that a number of general practices had declined requests for information or to provide access to records of victims and/or family members and/or the perpetrator for the purposes of conducting a Domestic Homicide Review or Serious Case Reviews on the grounds of patient confidentiality. NHS England has clarified the position and has written to all GPs. In summary Practices are reminded that if informed consent is not feasible confidential information can nevertheless be disclosed to support the detection, investigation and punishment of serious crime and/or prevent abuse or serious harm to others and may disclose confidential information if there is an overwhelming public interest in disclosing the information which outweighs both the obligation of confidentiality owed to the individual and the public good of protecting trust in a confidential service. Establishing what lessons can be learned from a domestic homicide is in the public interest as it serves the interests of society as a whole to prevent future domestic homicides.

What our priorities are for 2014/15

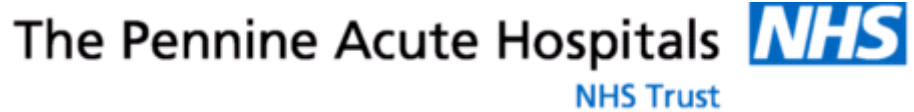
Greater Manchester Area Team in partnership with Clinical Commissioning Groups will continue to embed and sustain the work which was delivered in 2013/14.

Learning from Serious Case Reviews, Domestic Homicide Reviews, Themes/trends of serious safeguarding incident and recent CQC Reviews of Health services for Children Looked After and Safeguarding in Greater Manchester tells us that a focused effort is required to ensure that services are working together and communicating effectively in relation to children and adults who are vulnerable.

We commit to ensuring in 2014/15 we deliver:

- A primary care tool kit for safeguarding which will act as a 'one stop' guide for all professionals working within General Practice, Optometry, Pharmacy, and dental practices. The toolkit will include links to LCSBs and LCABs, Greater Manchester Safeguarding policies and practice guidance. The toolkit will also encompass a set of core safeguarding standards which all primary care contractors would be expected to be compliant against.
- Review pathways to ensure that there is effective two way information sharing between General Practice and services i.e. Midwifery, Health Visiting.
- Training and Development Strategy for Primary Care Contractors in collaboration with Clinical Commissioning Groups.
- Ensure senior level attendance at all Greater Manchester LSCBS. Board Attendance has been challenging in 2013/14 due to the number of LSCBs in Greater Manchester. A recent review of Board attendance has been undertaken and the Boards have been redistributed between Senior Managers within the Area Team, Board Representatives will be expected to active members of both the LSCB and SAB for their respective locality in Greater Manchester.
- Develop joint standards for inclusion in NHS Trust Contracts and agree an associated audit monitoring tool via the Strategic Safeguarding Collaborative to ensure a common approach across Greater Manchester.
- Continue to provide regular safeguarding updates to the Greater Manchester Quality Surveillance Group and escalate potential regional or national issues as appropriate.

APPENDIX 3 - Pennine Acute Hospitals NHS Trust report



Safeguarding Annual Report for LSCBs

April 2014.

1. Delivering the Safeguarding Strategy

1.1 Walkround activity has been demonstrated in the quarterly report to the Trust Board with a total of 26 visits being undertaken throughout the year. During the year the key actions arising from the walkrounds have been:

- Production of a video to enhance awareness of Mental Capacity Act 2005 (video now available on Trust Intranet).
- Raising awareness of Child Sexual Exploitation (CSE).
- Improve uptake of safeguarding training.
- Promote domestic violence training, awareness of Victim Support referral service and the link with alcohol abuse.
- Promotion of alcohol awareness as part of the alcohol strategy.

The safeguarding walkrounds that happen on every site each quarter include questions that address staff response, challenge and escalation to issues such as poor care and dignity, inappropriate behaviour of staff and visitors and whistleblowing.

1.2 Serious Case Review activity

Completed Serious Case Reviews / Agency Review (children) 2013/14		
Date commissioned	Safeguarding Children Board	Progress
September 2012	RBSCB	Chronology Due Jan 2013. IMR submitted Feb 2013. Revised IMR

		submitted 27 March.. Overview report completed. Report published 20 December 2013
February 2013	BSCB	IMR not requested from The Pennine Acute Hospitals NHS Trust. Later 'specific issues report' requested and provided.
February 2013	RBSCB	Chronology due 17 April (submitted). IMR due 29 May. SCR panel made decision not to request full IMR from PAHT. Chronology only submitted.
February 2013	RBSCB	Terms of Reference received. Chronology due 28 March (submitted) . IMR due 29 April 2013 - submitted. Report published 20 December 2013
February 2013	BSCB	Awaiting scope and terms of reference. IMR author to be identified. Specific issues report requested and provided.
March 2013	RBSCB	Scope and terms of reference received: Chronology due 22 April. First draft IMR due 15 May. Submitted. Overview report submitted to DfE.

3. Commissioned Serious Case Reviews / Agency Review 2013/14		
Date commissioned	Safeguarding Children Board	Progress
June 2013	RBSCB	Initial report requested and submitted. Learning event planned November 2013 – postponed due to ongoing court processes.
Sept 2013	BSCB	Completed. Scope and terms of reference received. Chronology and IMR submitted. Final report received.

December 2013	RBSCB	Awaiting scope and terms of reference. Referred back to screening panel.
April 2014	OSCB	Awaiting scope and terms of reference.

The Department of Health had identified PAHT as one of the Hospital Trusts involved in an allegation of abuse against Jimmy Savile. The allegation dated back 40 years and on investigation transpired to be more likely to fall under the remit of CMFT where the case was transferred. All actions arising from the SCRs are on trajectory to be completed within timescale. Findings are disseminated via the Trust Lessons Learned framework including the production of a bulletin

1.3 Information sharing and referral activity.

Information sharing/safeguarding **children** referral activity by site for the year (the new form was introduced in Q2 2011/12)



SITE	Q1 TOTAL	Q2 TOTAL	Q3 TOTAL	Q4 TOTAL	GRAND TOTAL
FGH	127	121	139	122	509
TROH	402	443	393	487	1725
NMGH	393	394	385	378	1550
RI	86	98	103	96	383
TOTAL	1008	1056	1020	1083	4167
Total 2012/13	1015	1094	904	842	3855

The information above shows an increase in the numbers of information sharing forms raised compared to last year with the majority of activity coming from The Royal Oldham

Hospital. Over the year between 9% and 14% of the forms generated included referrals to the Local Authority Children’s Social Care.

1.4 Training activity

As the table above shows, all Divisions have exceeded 80% uptake for Level 2 and, as with Safeguarding Children training, both levels continue to follow an upward trajectory.

Division	Children L2			Children L3		
	Head Count	Trained	%	Head Count	Trained	%
Medicine and Community Services	2061	1885	91%	95	71	75%
Surgery	1429	1269	89%	17	14	82%
Women and Children	717	644	90%	413	359	87%
Diagnostics and Clinical Support	1889	1822	96%	14	13	93%
Facilities	879	851	97%	-	-	-
Modernisation	667	635	95%	-	-	-
Corporate	550	537	98%	3	3	100%
Total Q4	8192	7643	93%	542	460	85%
Q3			91%			84%
Q2			86%			80%
Q1			86%			76%

Additional Training events

NAME	DATE	PRESENT
Documentation Workshop	19/4/2013	20
PREVENT Masterclass	19/07/2013	50
Domestic Abuse Awareness for Midwifery	Second course 19/02/2014	30
Documentation and Court Skills	01/04/2014	90
'Natalie's Story: A pregnant teenager's journey'	20/3/2014 25/3/2014 4/4/2014	26

1.6 Audit Activity

Title	Date	Action plan status
Caring Responsibilities	July 2013 and November 2013	Completed
Referrals to Children's Social Care	July 2013 and March 2014	On target
Child Protection Policy compliance	November 2013	Completed

Physician Confidence, and Current Child Safeguarding Practice in the Pennine Acute Hospital Trust	July 2013	Completed
Record keeping audit	February 2014	Ongoing
3R Learning Disability Audit	Awaiting completion	
13 – 17 yr olds unaccompanied by parents in A/E	Awaiting completion	
Consent Policy compliance audit	March 2014	Ongoing
Termination of Pregnancy Assessment	April 2014	Ongoing

2. S47 Service

Since June 2011 the s47 child protection medical service has been transformed. This has happened gradually starting with a single site service provided for Rochdale/Oldham children, developing to a parallel service to accommodate the N.Manchester/Bury children based on the positive findings of the Rochdale/Oldham model, and later developing into a single site service for all children within the PAHT footprint. In June 2013 and February 2014 a review of the service was undertaken by the Safeguarding Team.

During the review period, all children were seen within 24 hours of the medical being requested. 92% were seen on time or within 30 minutes of their appointment time representing a substantial improvement from the anecdotal evidence relating to the unscheduled arrangements prior to June 2011. Out of the appointment slots used, 42% are the last slot of the day. Those children that cannot be seen are either seen as part of the out of hours service or deferred to the following day. The need to access the out of hours service or wait to be seen the following day would be reduced if the service started later and finished later. The cost implications and feasibility of this require further consideration.

The review reports show that the current model of s47 child protection medical service provision is meeting the needs of children requiring a child protection medical and should continue pending further consideration of appointment times.

The number of s47 medicals completed during 2013-14 as part of the in hours service has increased slightly since 2012-13. The number of referrals from Bury has increased by 56% over the previous twelve month period whilst there has been a drop in referrals of 26% from Oldham Children's Social Care. The numbers of medicals completed per local authority are given below:

Local Authority	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Grand Total
Oldham	12	10	16	20	58
Rochdale	21	11	14	18	64
Bury	7	17	22	15	61
Manchester	0	2	4	0	6
Total	40	40	56	53	189

3. Domestic Abuse

The Safeguarding Team receives notification of domestic abuse incidents in pregnancy reported to Greater Manchester Police. These are sent to community midwives to enhance awareness of domestic abuse among our patients attending maternity services.

	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Grand Total
Oldham	8	14	7	19	48
Manchester	12	11	6	5	34
Bury	11	18	13	0	42
Rochdale	25	26	30	31	112

Salford	1	7	4	2	14
Tameside	0	1	0	0	1
Total	57	77	60	57	251

In November 2013 the Safeguarding Team worked collaboratively with Greater Manchester Police in launching a new initiative to improve providing support and intervening in cases of domestic abuse when they attend PAHT Emergency Departments. The initiative involves Victim Support workers working with ED staff, including the provision of training and support, and providing a 24 hour phone line for staff to make referrals with patient consent. The scheme builds on a successful pilot that took place at Fairfield General Hospital and resulted in women being afforded protection and relocation in the majority of cases referred at a much earlier stage than might otherwise have been the case. Emerging evidence from the scheme is that it is being well used by ED staff. Since the start of the Victim Support in A/E scheme at PAHT there has been an increase in the number of referrals to MARAC of PAHT patients. Last year, there were no referrals, this year there have been 10 as the table below shows:

Month		Nov-13	Dec-13	Jan-13	Feb-13	Mar-13
Number of referrals		0	7	5	4	8
MARAC referrals		0	3	2	2	3
Referring Departments						
A&E		0	7	5	3	5
T3 Ward Manager		0	0	0	0	1
Mental health team		0	0	0	1	0
Alcohol Liaison Officer		0	0	0	0	1
Community Midwife		0	0	0	0	1

4. PREVENT

The national Prevent strategy is a Home Office initiative that aims to stop people becoming terrorists or supporting terrorism. The DH (2011) document 'Building Partnerships: Staying Safe' provides the framework for all health trusts to adopt to ensure compliance with the PREVENT strategy. In PAHT the training is led by the Emergency Planning team with the Named Nurse Safeguarding Adults. Any referrals come through the Safeguarding Team and details of how to make a referral are available on the Trust website and Adults at Risk policy. PREVENT is highlighted in Level 2 Safeguarding training. In addition, the DH require all health trusts to deliver a particular form of training called the 'HealthWRAP'. Details of training uptake are given below and are submitted in a monthly return to Home Office Regional PREVENT Co-ordinators.

Total number of approved HealthWRAP Facilitators?	18
Total number of HealthWRAP sessions carried out to date?	28
Total number of staff who have attended HealthWRAP this month	22
Total number of staff who have attended HealthWRAP	361
How many staff have received Prevent awareness information e.g signposting, slides at induction/training, Prevent leaflet etc?	Since March 2013 = 3795

5. Conclusion

The Trust continues to ensure representation on all LSCBs and LSABs within its footprint. The enclosed report provides evidence to the LSCBs of the safeguarding work undertaken within the Trust to enable it to discharge its duty against national guidance. The Safeguarding Team continue to develop systems and processes and work with staff and patients and other agencies to ensure the potential to protect adults at risk is maximised.

APPENDIX 4 – SEAM Panel report

Sexual Exploitation and Missing (SEAM) annual report 2013 -2014

SEAM Performance Statistics

The 2009 guidance 'Safeguarding Children and Young People from Sexual Exploitation', states that the identification, disruption and prosecution of perpetrators is key to protecting children and young people from sexual exploitation. The guidance explicitly states that:

"Local areas need to adopt a three-pronged approach to dealing with child sexual exploitation, including prevention, providing support and protection for young people and prosecuting offenders. These areas of work should not be undertaken in isolation."

Bury's response to this guidance is the development and implementation of Sexual Exploitation and Missing (SEAM) panel meetings, which commenced in December 2012.

The SEAM panel meets on the second Friday of each month between 09:00-13:00, at Bury Police station. The panel consists of multi agency management representatives from across Children's Services and is chaired by the Team Manager of the Safeguarding Unit. Case referrals are presented by the lead worker/agency, followed by discussion to ensure that all relevant information is shared. All police intelligence is logged, ongoing investigation updates are shared and recommendations are made with actions for service implementation. Panel actions are assigned to agency leads to disseminate to the relevant workers within each service involved, to ensure that a safety plan is developed and that appropriate safeguarding measures are implemented. Each case is reviewed the following month to ensure that previously agreed actions have been completed; any ongoing issues are further addressed. Multi agency involvement contributes to increasing awareness among, and referrals from, partner agencies.

This is the first Annual report for SEAM meetings and the collated information corresponds with that contained in the quarterly reports submitted to the BSCB Executive Group throughout the year. This report summarises and provides an overview of key performance information gathered during the year, together

with an explanatory narrative. The reader should note that only data on cases referred to SEAM are included in this report; there are however additional cases of child sexual exploitation that are not, for various reasons, reported to the SEAM panel. The data provided covers the full year April 2013 to March 2014.

Referrals to SEAM – throughout the year there were a total of 66 referrals made to SEAM. These referrals were mainly around concerns for children and young people thought to be at risk of sexual exploitation and in the latter part of the year a minority group of young people were referred for concerns around multiple 'Missing from home' episodes. The age range of referral subjects was between 11 and 17 years.

Declined referrals – in addition to the above referrals the panel introduced a screening system to ensure that only appropriate referrals were submitted, this commenced in September 2013. Between September and March 2014, there were 10 declined referrals, these deemed as inappropriate, the presenting issues being about confusion around sexuality and other circumstances not related to sexual exploitation. SEAM responded to these examples of the inclusion criteria being misunderstood by promoting further awareness-raising with social work staff and partner agencies. This has since resulted in a reduction in referrals judged to be inappropriate.

Referrals by agency – referrals are predominantly made by Social Care staff and the Police Service, followed closely by Child & Adolescent Mental Health Service (CAMHS). However, it is encouraging that as SEAM progresses the awareness-raising across partner agencies is increasing; as a result the panel are receiving increasing numbers of referrals from partner agencies. It is important to acknowledge the frequent consultations requested by our colleagues within education settings, who contact the Safeguarding Unit regularly for advice and support on potential referrals to SEAM.

Actions resulting from SEAM – All the referrals made to SEAM received a service. Some of the referrals had pre-existing interventions involving either single or multiple agencies at the point of referral; this level of intervention was often increased post-SEAM, with additional planning to safeguard. Where there was no involvement at the point of referral all the cases were given plans of support; these ranged from single agency to complex safeguarding plans within a CSE or the provisions of a child protection conference. In addition, criminal investigations and proceedings have been undertaken in some cases.

Proposed Action Plan –

1. Ongoing awareness-raising with agencies.
2. To understand why repeat referrals occur and to look at more effective planning to assist in reducing their incidence.
3. To work in conjunction with schools regarding awareness-raising within PHSE lessons.
4. Direct work with parents to be developed to support safeguarding children living at home.
5. To look at undertaking joint strategies with the Police to disrupt threat-associated behaviours, particularly in key areas of Radcliffe.
6. To continue awareness-raising within Children's Social Care and partner agencies.
7. To undertake awareness-raising throughout Bury, to ensure that residents are equipped to report issues of concern around child sexual exploitation.

Lisa Bell

Team Manager & SEAM Chair

Bury Safeguarding Unit

18 June 2014

APPENDIX 5 – LADO report

Bury Safeguarding Children Board Yearly LADO report

1st April 2013 to 31st March 2014

Yearly report of Managing Allegations activity and Development Work by the LADO in Bury – Mark Gay and Donna Green (April 1st 2013 – Dec 31st 2013.)

Total number of LADO related enquiries were 196 between 1st April 2013 and 31st March 2014, up from 161 last year, an increase of 21%. This means the number of LADO enquiries has almost doubled in 2 years from 101 in 2011/2012.

Distribution of LADO related enquiries

Enquiries by Sector	No. of LADO Related Enquiries
Education	46
Nursery & Childminders	28
Residential Homes	15
Children's Services	24
Health	32
Faith Setting	4
Fostering	28
Voluntary	3
YOT	1
Other	15
Total	196

Of the 196 LADO enquiries 51 reached the LADO threshold to referral.

2013/2014 Referrals Table

Sector	No. of Referrals	No. NFA after initial consideration	No. proceeding to investigation
Education	6	3	3
Nursery & Childminders	4	3	1
Residential Homes	4	0	4
Children's Services	2	1	1
Health	15	10	5
Faith Setting	1	0	1
Fostering	17	7	10
Voluntary	1	1	0
Other	1	0	1
Total	51	25	26

Category of 51 LADO referrals

Sector	Sexual	Physical	Conduct	Neglect	Emotional	Total
Education	1	2	2	1		6
Nursery & Childminders			3	1		4
Residential Homes		4				4
Children's Services	1	1				2
Health	4	6	3	2		15
Faith Setting		1				1
Fostering		13	3	1		17
Voluntary	1					1
Other			1			1
Total	7	27	12	5		51

Timescale for Completion of 26 investigations

Sector	Concluded in 4 wks	Concluded in 12 wks	Concluded in 26 wks	Concluded in 52 wks	Ongoing	Total
Education	1		2			3
Nursery & Childminders		1				1
Residential Homes	4					4
Children's Services				1		1
Health		2	2		1	5
Faith		1				1
Foster Carers	5	3	1		1	10
Other	1					1
Total	11	7	5	1	2	26

Key:

Education – Primary/Secondary/Independent/Out of School Care

Nursery & childminders – including private nurseries.

Residential – Private Children's Homes

Foster Carers - includes Independent Foster Carers

Children's Services – including escort services, ed psychology, carers and playworkers

Police – GMP officers

Secure Estate – including private security agencies

Health – including private health care providers

Other – voluntary sector and other agencies

Outcome referrals 1/4/13 – 31/03/14 (*) *includes cases which are ongoing*

Sector	Substantiated	Unsubstantiated	Unfounded*, false or malicious	Total
Education	2		1	3
Nursery & Childminders			1	1
Residential Homes		2	2	4
Children's Services	1			1
Health	3		1 (1)	5
Faith	1			1
Foster Care		7	2 (1)	10
Other+ Voluntary	1			1
Totals	8	9	7 (2)	26

Delivery of Training by Bury LADO (Mark Gay)

Managing Allegations for BSCB	3
for Pennine Care	1
for Alpha Hospital	4
Safer Recruitment for BSCB	2
E-safety Awareness for BSCB to professionals	2
to parents	9
Social Networking Awareness to school staff	7
Total sessions	28

Mark delivered LADO/Managing Allegations Single agency training on behalf of the BSCB to senior managers of Pennine Care and 4 sessions to adolescent mental health staff at Alpha Hospital. The contact rate in health has now increased with the increased awareness from this training in particular.

However since the training was delivered to Alpha Hospital there has been a large turnover of staff and a greater use of Bank Staff not only in Alpha Hospital but in Prestwich Hospital, this greater use of Bank Staff in the secure mental adolescent wards has caused its own issues around managing allegations and Mark has arranged and delivered this training to safeguarding

and medical leads in Prestwich Hospital recently (May 2014) and is booked to attend Alpha Hospital (July 2014) again to support the new staff there.

Mark has also attended the Hope and Horizon Unit, Fairfield Hospital and spoken with the unit manager, ward manager and lead psychiatric doctor and explained the LADO/Managing allegations process to them direct.

This means that senior staff in all 3 of Burys secure adolescent mental health units have received the Managing Allegations training, bringing to the forefront the need for staff in such units to be aware of the process in order to protect children and young people (as young as 11) and staff alike in such institutions.

Mark chairs the Residential Providers network (meets every 6 months) and attends the Bury E-safety Working Group (meets every 4 months). Mark now sits on the Children in Care Living Away From Home Sub-group.

As part of his work with the E-safety Working Group, Mark has delivered E-safety Parent Awareness sessions in Children Centers across Bury speaking to over 110 parents about the dangers and risks children undertake on the internet. He has also delivered a similar session to Bury Foster Carers (10) and another to Earlybreak staff (40+).

Mark has been instrumental in organizing the first ever National LADO Conference, which was held in Manchester on 14th March 2014. 130 LADOs from across England attended to discuss national issue such as how to get a coordinated National LADO voice, a common approach to the recent change by the DfE from "unsuitability" to "pose a risk of harm" in the LADO threshold as set out in Working Together 2013 and a LADO records retention policy.

As a result of the Birmingham SCR, in to the "Little Stars" Nursery, Mark has liaised with Early Years and had circulated to all the private nurseries the outcomes and lessons to be learnt from that SCR. As there was a specific issue around safer recruitment from this SCR, Mark has offered specific Safer Recruitment training for private nurseries but sadly only one nursery requested to attend such an offer, however some private nurseries have attended the BSCB training safer recruitment courses.

Mark has liaised with Early Years and is preparing a flow chart to all PVI and nurseries and Early Years staff so that they know exactly what to do when they have concerns about a staff member or a child in an Early Years setting.

As a result of a number of cases of Bury teachers engaging in inappropriate contact with their pupils via social media and mobile technology along with the recent East Sussex SCR (child taken to France), Mark along with Lesley Davidson has created a 30 minute Social Networking/Mobile phone awareness session for teachers to be made aware of the dangers in engaging in such practice outside of school boundaries.

These have been well received with nearly all the Bury High Schools, independent schools and Colleges having either already had the training or have booked for a session to be delivered in 2014.

Mark has established a positive link with the Jewish Interlink Foundation and they regularly engage in mutual contact to assist with LADO issues within the Jewish community.

Mark is working on a similar link with the Muslim community and has established links with the Darul Uloom College and more recently the Parker Street Mosque; efforts are ongoing to incorporate the other Bury Mosques in to this work in 2014.

Mark Gay

Bury LADO

APPENDIX 6 – Private Fostering annual report

Report submitted by: Gareth Millar, Team Manager

Agency: Children's Social Care

Report submitted on: 03 June 2014

Title of report or subject: Private Fostering Annual report 2013-14

Summary of report

This report is to brief the BSCB executive on the activity over the year 2013-14. The report will provide information about the private fostering arrangements that have been identified. It will also look at the revised action plan to be taken forward by the private fostering task and finish group.

History

The Private Fostering steering group ceased in March 2012. Following discussions by the Board in January 2013 it was decided that the Private Fostering Group needed to become a more formal sub group and officially met on the 7th March 2013, where the action plan was updated.

Recommendations

In addition to noting the outcome of the audit, Board members were asked to:

1. Raise awareness within their respective agencies and to support the identification of Private Fostering arrangements and ensure that these are notified to Children's Social Care.
2. Support the funding of further planned awareness raising campaigns.
3. Approve the updated Private Fostering Statement of Purpose which was revised in March 2013.

This was approved at the April 2013 BSCB Executive meeting.

The private fostering group was disbanded in favour of establishing a private fostering lead from Children's Social Care, and with a task and finish group being set up to progress this area of development.

Current situation

The responsibility for Private Fostering lead was delegated to Rebecca Sutton, Acting TM in Children's Social Care. This responsibility was reassigned in

February 2014 to Gareth Millar, Team Manager. The main focus for the new lead has been to understand the remit and current situation in order to report to the Board in April 2014; to refresh the PF action plan; and to meet with colleagues from the LSCB and Children's Social Care in order to plan the programme of activity for the forthcoming year.

Organisational and Structural Issues

Private fostering arrangements within Bury Council continue to be assessed and monitored by the Children's Social Care. New notifications are ordinarily processed and assessed by the MASH (from August 2013) and then transferred to the Advice and Assessment team for an initial assessment of the Private Fostering arrangement (unless a case is already open to a field social work team). In such circumstances where the child is already an open case, then the private fostering arrangement would be assessed by the allocated social worker for the child. The Safeguarding Unit is available for consultation regarding enquiries of the private fostering criteria.

The safeguarding unit procedurally arranges for each private fostering arrangement to be reviewed within the 'child in need' reviewing system, chaired by an Independent Reviewing Officer from the Safeguarding Unit. This will provide each case with an element of independent scrutiny and oversight as well as ensuring a mechanism for review, similar to children who are Looked After. A referral is made to the fostering team to appoint, if required, a Social Worker to support each private foster carer of the privately fostered child.

Statement of Purpose & PF procedures

The Authority's Private Fostering Statement of Purpose was reviewed and endorsed in April 2013.

The Private Fostering procedures were updated, this is in line with the purchase of TRI X, in conjunction with our neighbouring Authorities.

These procedures are being reviewed with a particular focus on ensuring they are reflective of the changed structure of MASH from August 2013; and on the need for a more formal approval of private fostering arrangements. It is proposed that the procedure for approval of private fostering arrangements, or not, is endorsed by a senior officer of Children's Social Care in the same way that foster carers are approved by an agency decision maker.

Efforts to identify Private Fostering situations and ongoing promoting awareness

The Local Authority has continued the programme dissemination of advice and information about private fostering. This information was redistributed mainly to internal services, health services, schools and partner agencies. Awareness raising through LSCB training and by Board member agencies continues.

“Michelle Walmsley has distributed leaflets and raised awareness throughout the year in safeguarding training specifically Foundation, Group 3 safeguarding and Day 2 domestic abuse.”

Donna Green, BSCB manager

The publicity material has been made available in a range of languages. The material emphasises the legal requirement to notify the council and includes a variety of information within a poster and three leaflets; for parents & carers, children & young people & professionals.

“I have developed links with the faith sector namely the Jewish Interlink group and the awareness of private fostering is good. Engaging the Muslim community remains more challenging and there is still a long way to go.”

Mark Gay, LADO

All presentations and publicity/information materials include a clear definition of private fostering along with the legal requirement for notifying the Local Authority of any known or proposed private fostering arrangements. This promotional material is being revised to include the new contact detailed for the MASH, and will be redistributed.

Bury was represented at the Greater Manchester Working Group for Private Fostering which commenced in March 2013. This group ceased to exist later in 2013.

Notification of Private Fostering Arrangements

	Number of Enquiries
2012-13	6
	Number of new referrals
2012 -13	3

The above table is from last year's annual report. They were described thus: "number continue to remain low in comparison to other Authorities but are higher than the previous year. Last year Bury's figures were lower than our North West neighbours."

The information generated from the Children's Social Care database for the 2013-14 year in line with the statistical return is:

Number of Private Fostering notifications received is 6.

1 arrangement started before 01.04.13 continued during this year.

1 arrangement ended during the year.

The total ongoing arrangements currently stated as ongoing is 6.

The breakdown of age and place of birth is:

All 6 are aged between 10 and 15 yrs old.

4 were born in the UK, 2 are Chinese nationals.

The private fostering return by children's social care was uploaded before the 30 May deadline with the above figures. In all the six cases there was an appropriate response but the initial visit was not in the required 7 days from notification.

Audit of the PF arrangements for the year 2013-14

The report author has audited the 6 Private Fostering arrangements and concluded that all are correctly assessed as PF arrangements, or are in the process of being assessed, and this is generally completed satisfactorily. In one case there has been significant delay and this has been brought to the attention of the strategic lead.

Case	Referred by	Comments
Child 1	Notification by parent from other UK region that child in PF arrangement in Bury for educational purposes.	Ongoing arrangement and assessed as suitable. Child regularly visited and reviewed by IRO.
Child 2	Notification from Rochdale Children's Services as YP moved from a PF arrangement in that area.	Ongoing arrangement is suitable, YP visited regularly and reviewed. Will be 16 soon, plans to remain in UK and complete education.
Child 3	Mother referred via fair access to education route.	Assessment ongoing as to suitability of arrangements. Regular visits.

Child 4	Notification from the PF carers as an arrangement which had started.	Ongoing arrangement is still being assessed, some significant delays identified.
Child 5	Notification from the Police SOMU, child living with his Great Grandmother and concerns that a sex offender was at the address.	Private Fostering arrangement assessed and concerns about the sex offender dealt with appropriately. Child seen regularly.
Child 6	Notification from High School.	PF arrangement assessed and YP regularly visited and reviewed.

Action Plan for 2014-15

The key points are:

Awareness Raising – Refresh of leaflets and posters, continue to distribute at key events and training; a briefing pack (electronic) for multi-agency teams to deliver at own team meetings and events; Children’s Trust lunchtime learning event in June 2014; article in relevant newsletters and websites.

Review PF procedure – specific focus on dealing with notifications and approvals of arrangements.

Multi-agency Training – Children and families across Borders training event on 07 July 2014, Bury Town Hall.

Education establishment targeting – write to all Bury schools to remind about PF and ask Headteachers to review any potential arrangements and notify; focus on BME schools and language schools.

Reporting on numbers of privately fostered children – report regularly to the LSCB Exec (annually) and sub-group (bi-annually); audit of the arrangements at end of year to look at compliance and outcomes for children; report any trends or concerns to LSCB where appropriate.

APPENDIX 7 – Training Needs Analysis



Training Needs analysis for 2014-2015 training planning;

Please complete the attached questionnaire (1 per service) to inform us of the multi agency safeguarding children training requirements for your service. This will help us plan for 2014 to 2015.

Please complete & return to BSCB@bury.gov.uk BSCB Training administrator by Monday 31 March 2014.

1. Your Service	
2. Person filling out this form	
3. Your E mail address & tel. Number	
4. Total number of your workforce based in Bury <i>NB Please identify any issues regarding workforce development that may have an impact upon training e.g. staff turnover, vacancy rates, bank/agency staff</i>	
5. In your organisation what are the key issues with regards safeguarding children that have been fed back to you from your staff in supervision / Personal Development Reviews that suggest changes / additions to safeguarding children training? <i>NB – please reference any supportive evidence from your service that this is a required need / gap.</i>	
6. In your organisation what are the key issues for safeguarding training at induction level e.g. basic introduction to safeguarding children? <i>NB – please reference any supportive evidence from your service that this is a required need / gap.</i>	
7. What are the key issues for staff training at the multi-agency level? <i>NB – please reference any supportive evidence from your service that this is a required need / gap.</i>	

8. What are the key issues for training at the Specialist Safeguarding Children training level? <i>NB – please reference any supportive evidence from your service that this is a required need / gap.</i>	
9. Please use this space to include any further multi agency safeguarding children needs you have identified from local or national guidance (<i>NB – please reference any supportive evidence that this is a required need / gap.</i>)	

Please note the courses below, which are already in the BSCB Multi Agency Safeguarding Children Training programme.

Please answer Yes / No as to whether you feel they are appropriate for your staff to access / to be in the multi agency safeguarding children training programme

BSCB Multi-Agency training programme	Does all/some of your staff require this training? Yes / No	Comments re the content of this course (evidence based)
--------------------------------------	--	---

Safeguarding Courses targeted at Managers

Risky Business (2 day)		
Safer Recruitment		
Managing Allegations		
Train the trainer		

Children in specific circumstances courses

Core group (1 day)		
Domestic Abuse (day 1 & 2)		
Child Sexual Exploitation (day 1 & 2)		
Parental substance misuse & the impact on the child (day 1 & 2)		
E-safety & cyber safety		
Safeguarding the Disabled Child		
Neglect		
Parental Mental Illness & the impact on the child		
Attachment		
Protecting Children before Birth		
Emotional Abuse		
Working with African Families		
Anti-trafficking		
Professional Challenge in Child Protection Decision Making Forums		

Learning events– open to all practitioners

Child Sexual Exploitation		
Serious Case Review Learning Events		
Voice of the Child		
Graded Care Profile		
Workshops		
DASH Risk Assessment		
Core group re-fresher		
Safeguarding training		
Single agency (group 3) safeguarding training		
Foundation 2 day		

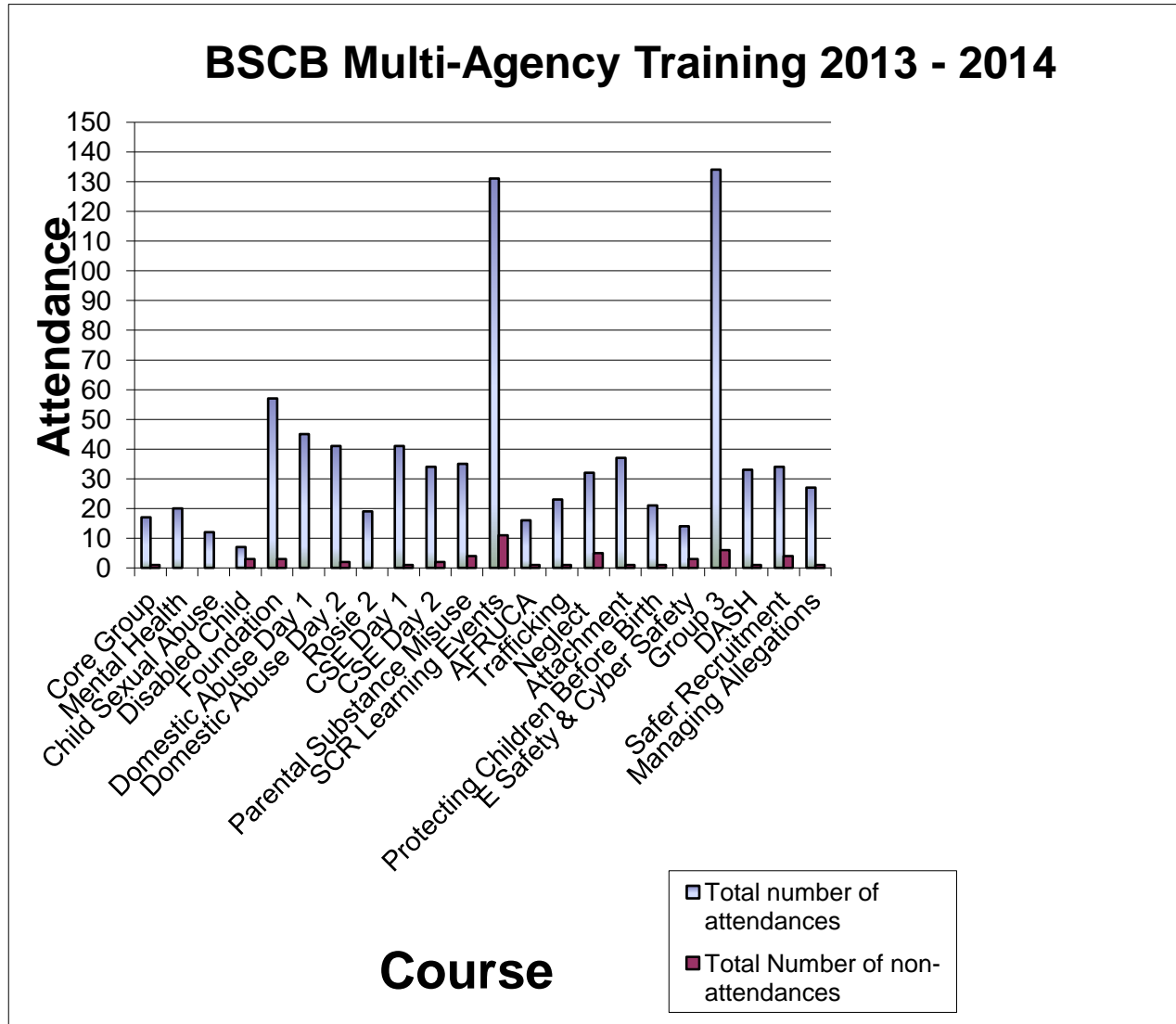
Space for your additional comments;

Please complete & return to BSCB@bury.gov.uk before Monday 31 March 2014.

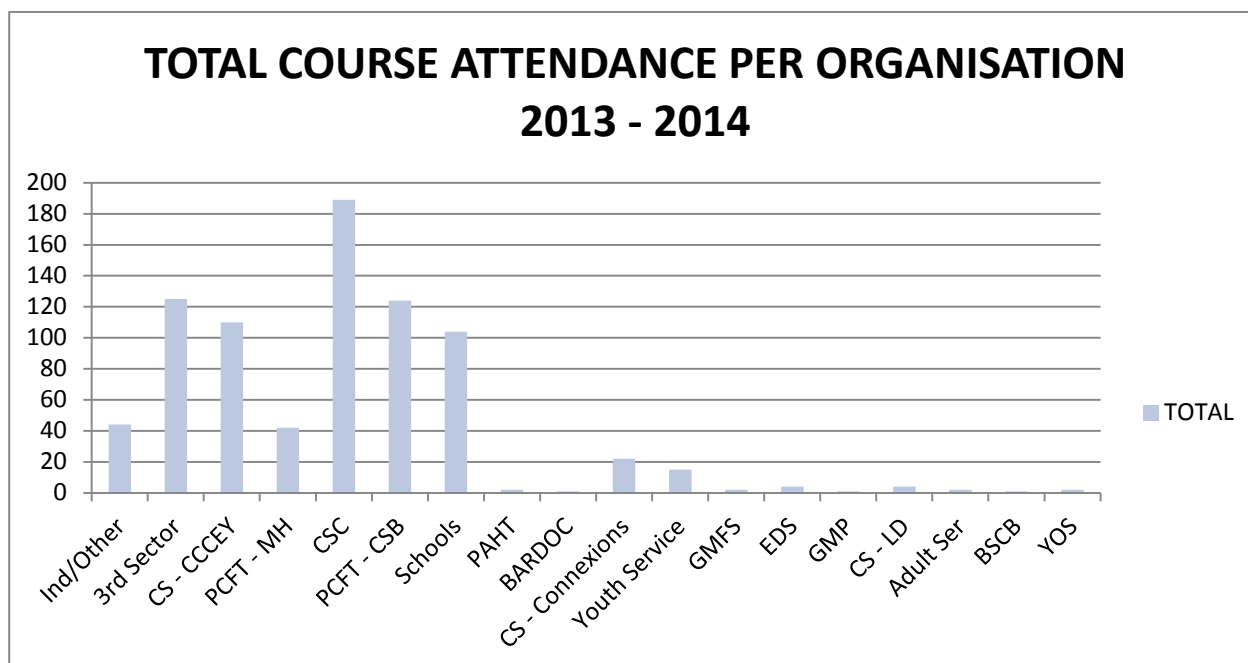
APPENDIX 8 – Training report

BSCB TRAINING REPORT 2013/14

The chart below shows the numbers of attendees and non-attendees for the courses that have been run in 2013-2014 by the Bury Safeguarding Children Board.



The chart below shows the number of course attendances per organisation.



The table below shows the number of attendees in total for each individual course held on BSCB key priority areas. This will be a cumulative number if the course has run on more than one date.

Total number attendances for target courses:

Course Title	Number of courses	Total number attended
Domestic Abuse Day 1	3	45
Domestic Abuse Day 2	3	41
Child Sexual Exploitation Day 1	2	41
Child Sexual Exploitation Day 2	2	34
Parental Substance Misuse (2 Day)	3	35
Parental Mental Health	1	20
Serious Case Review Learning Events	7	131

APPENDIX 9 – CAF report

Registered Common Assessments between 1st April 2013 – 31st March 2014

The CAF team in Bury has experienced disruption and many changes over this last twelve months. In summer 2013, the previous CAF Manager left the Authority leaving the team without a permanent manager; this resulted in a lack of direction and progression of the service. In September 13, the new Early Help Team in Bury was developed and the CAF team moved to be part of this service. There has been a change in staffs in the team, various practices have been changed resulting in a more positive, and thorough approach with agencies in terms of quality assurance, awareness raising, tracking and reviewing of CAF processes.

The CAF team's shift of focus is in line with national thinking around early help and Professor Eileen Munro's recommendations. The delivery of effective early support to children and their families in Bury is done through the monitoring of early intervention through the CAF. As such, the CAF team serves a vital role in supporting practitioners in Bury to:

- Identify needs earlier
- Deliver a co-ordinated package of child centred and family focused support
- Help to secure better outcomes for children and young people
- Share information effectively between organisations

The CAF team have a clear focus and solid understanding of the framework as a system, associated processes and correlated safeguarding thresholds, which they have been keen to impart to both internal and external colleagues in partner agencies. Working relationships with partner agencies are positive and there is a raised awareness of the work and support the CAF team offer in the CAF process.

Performance and activity

There were 439 CAFs registered in Bury between 1 April 13 and 31 March 14, this figure shows a decline of 74 registered CAFs in comparison to the previous year. However, due to changes in practice and policy there are various reasons for this reduction in numbers. Previously CAFs have been registered for all siblings in a family group even if the concerns were not about the siblings, since the latter end of 2013, this practice has changed and CAFs are now being registered as a family rather than individuals. Should issues be raised regarding individual children/siblings then it would be expected that a separate CAF was completed and registered in respect of this child.

Prior to March 14, the CAF was used as the referral document for concerns to social care and because of this there were many issues in regards to the quality and worth of these CAFs as they were not true assessments of need, rather a document of concerns; therefore in March 2014 a separate referral document was developed. Since the implementation of the referral there has been, a positive impact on CAFs received in terms of meaningfulness and quality. Taking a small look at the figures for March 14 in comparison to the same dates in March 2013 there is a decrease of 17 CAFs registered which I would hypothesis is due to the separation of the referral and CAF document.

Since December 2013, there has been a drive by the CAF Consultants to raise awareness with partner agencies. Consultation sessions have been held in schools, children centres, nurseries and health centres to improve the working relationship between practitioners and the CAF team.

There is growing confidence that practitioners are improving in their ability to identify when they need to commence a CAF and due to the support from the CAF Consultants are developing a greater understanding of the CAF as a process rather than a singular event. All assessments and team around the child minutes are quality checked by the CAF Consultants and should these documents not meet expected standards the author is contacted and advice given.

These numbers represent only the CAFs that have been completed and submitted to the CAF Team for registration, there remain some practitioners who are not

submitting their CAF's and therefore these are not represented in the figures. The CAF Team have identified some areas where these CAFs are not being sent for registration or quality assurance and these appear to be when practitioners are completing them for a service such as parenting courses, children centre outreach or young carers. Work is being undertaken to develop a pathway to ensure that all CAFs are captured by the CAF team and registered therefore giving a true representation of completion rates in Bury.

Total Common Assessments

2012-2013			
Q1	Q2	Q3	Q4
Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
190	119	107	97

2013-2014			
Q1	Q2	Q3	Q4
Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
132	61	119	127

Quarter 1 2013

This quarter saw an improvement from the previous quarter (Jan-Mar 13) and the largest record of completed CAFs since July 12. I am unable to comment on the reason for this improvement during this quarter, as I was not involved with this service at that time.

Quarter 2 - 2013

This quarter demonstrates a considerable decline in CAFs from the previous quarter. The reduction in this period is consistent with previous years due to the long summer school holidays whereby practitioners in universal services who would normally initiate a common assessment such as, teachers, school nurses and health visitors are unavailable due to taking annual leave. However, this figure is the lowest since the same period in 2008, which could be explained by this period correlating with the then

CAF team manager leaving the Authority and a possible loss of focus, drive and direction by the remaining CAF team.

Quarter 3 & 4 – 2013/2014

The number of completed CAFs in both these quarters continues to rise steadily. This period corresponds with the CAF team becoming part of the Early Help Team and the start of a change in practice and procedures by the CAF Consultants.

During quarter 3 & 4, the CAF Consultants facilitated consultation sessions with various agencies, these were well attended and popular with partners. This has served to improve relationships between the CAF Consultants and other agencies and outline the service that the CAF Consultants offer in supporting practitioners in completing CAF's, chairing meetings and offering timely advice and support to lead professionals to assist in ensuring plans for children and young people are outcome focused.

Common Assessments completed by services

Chart 1

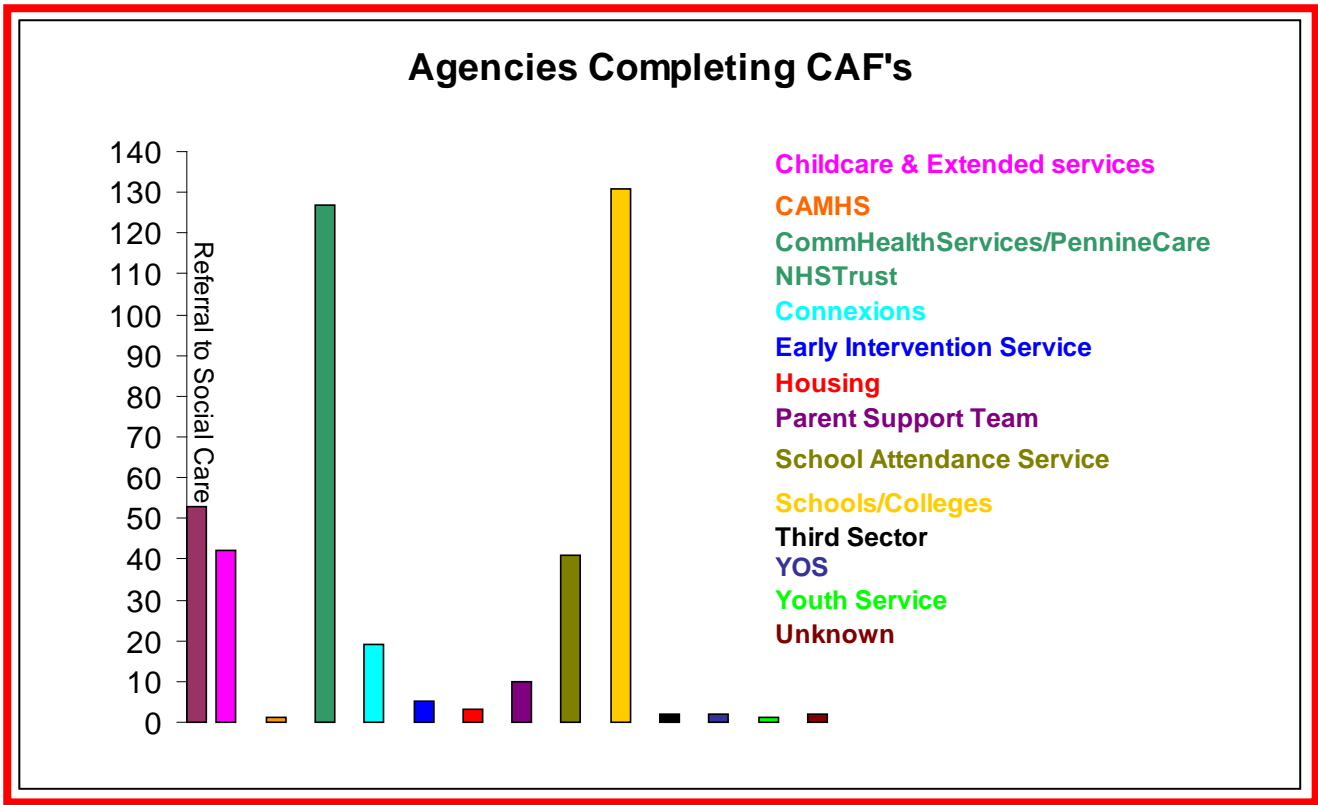
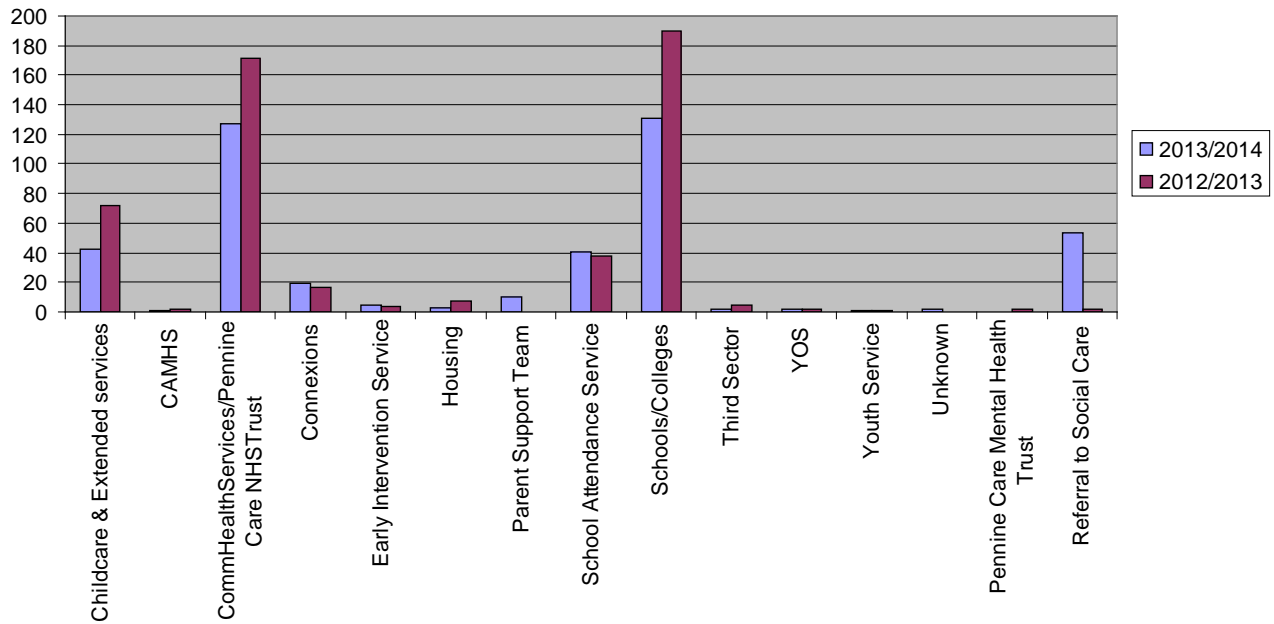


Chart 2

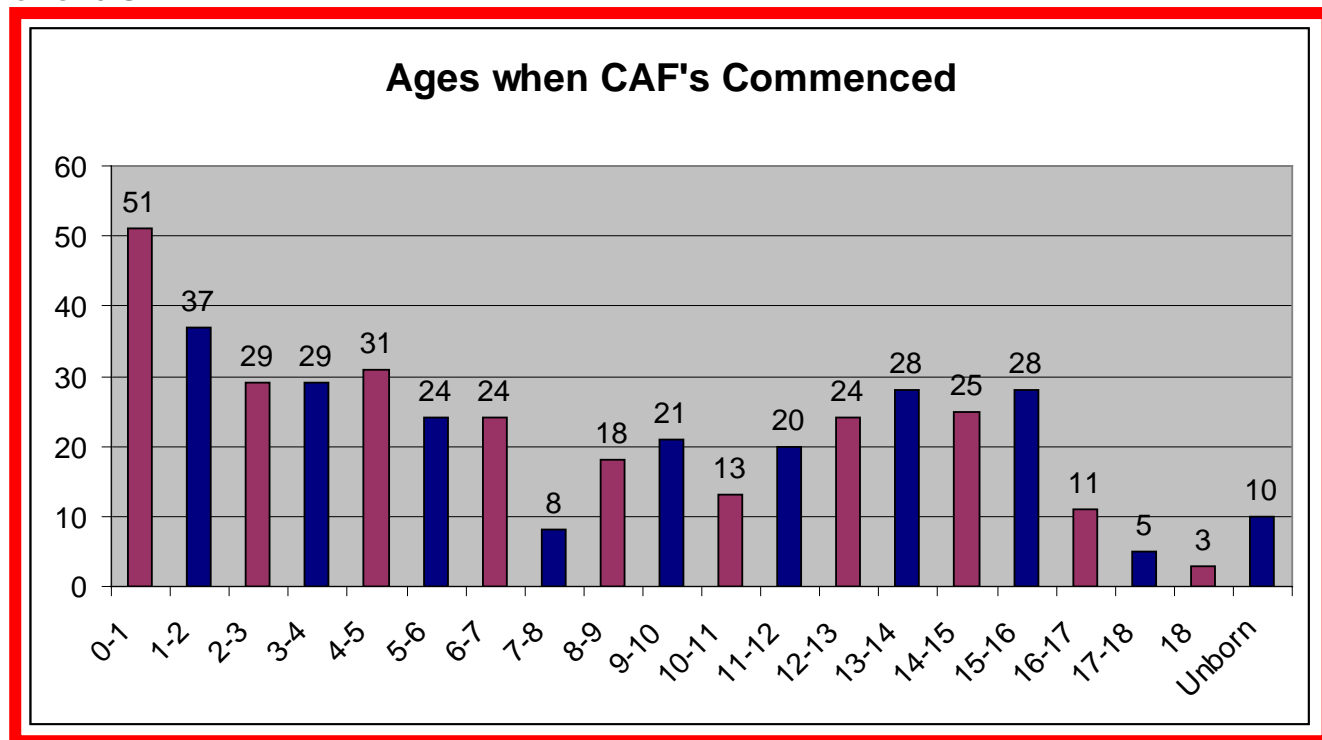
Comparison of Agencies completing CAFs between 2012/2013 & 2013/2014



In the last 12 months, the leading CAF authors has been schools, having completed 131 registered CAFs. They are closely followed by health services that have completed 127 registered CAFs. The data demonstrates that whilst some agencies have this process embedded, there are others that have shown little improvement in completing CAFs over the past two years. For instance, CAMHS have registered two CAFs between 2012/2013 and one between 2013/2014. This is a service where I would expect a greater commitment to this process given the vulnerability of the children and young people who use their service.

Age range of CAFs

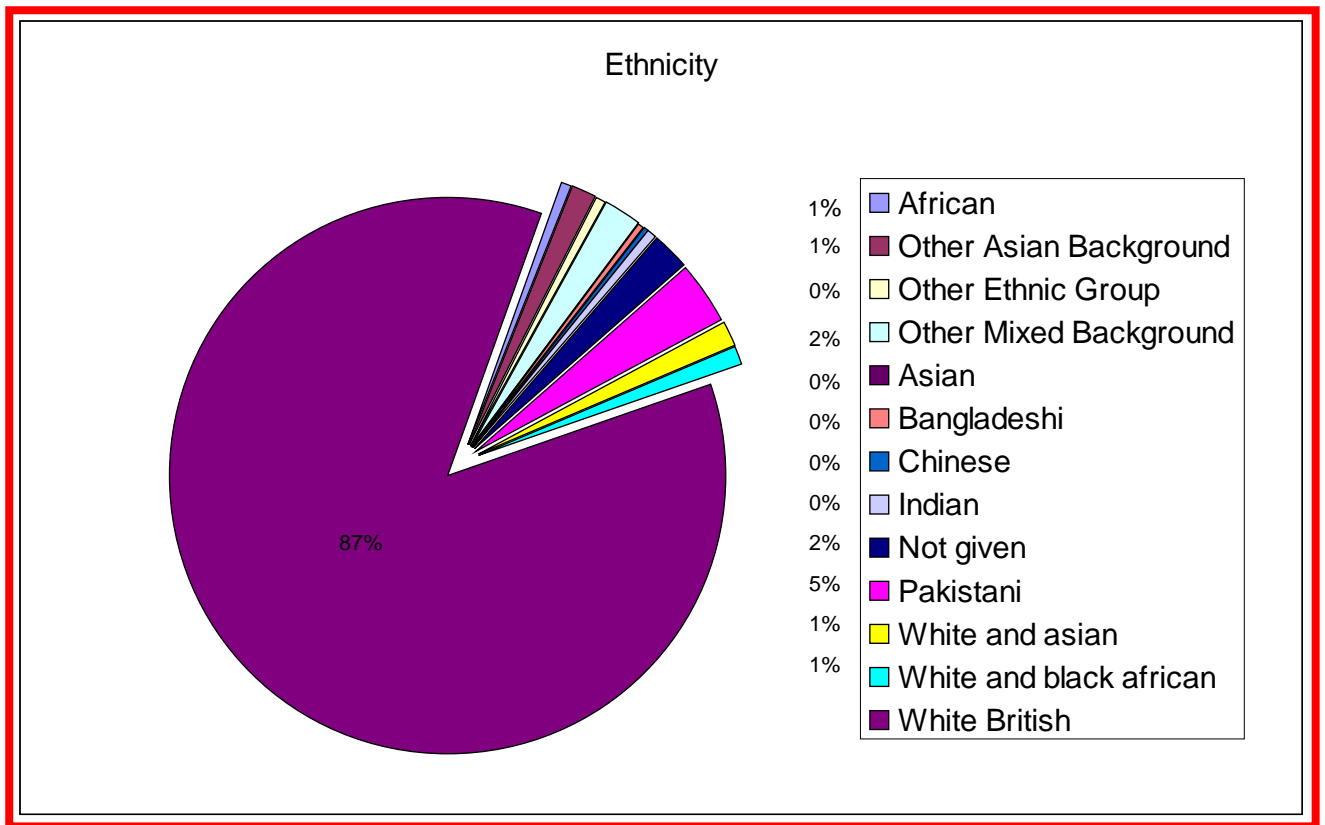
Chart 3



The largest group of CAFs submitted between 2013/2014 are in respect of children aged zero – 1year old. The data shows that from birth to 5 years there has been a higher rate of CAF's completed which given the vulnerability of this age group would be the expectation. The CAF's completed drops between the ages of 5– 13years and then start to rise again in the teen years. The total of completed CAFs for unborn babies is relatively low considering the much higher figure for children aged zero to 1year old. This information suggests that there could have possibly been more CAFs completed pre-birth and support plans identified, which would have reduced the CAF's being undertaken when babies when born as plans would already been in place ensuring need and support was identified at the earliest opportunity.

Ethnicity breakdown of Common Assessments completed

Chart 4



The number of white British children with CAFs is by far the largest number, with 87% in total.

CAF Team

The CAF Consultants have a varied role in supporting practitioners to undertake CAFs to enable them to achieve positive outcomes. The CAF Consultants are committed to raising awareness with other agencies and services to assist in the early identification of emerging needs of children, young people and families. In doing this, they are increasing professional confidence and knowledge of Bury's thresholds of need, which will increase the number of CAF's completed in the longer term.

The CAF Consultants are continuing to improve awareness with agencies regarding their CAF's being registered with the team, there is some concern that not all CAFs are registered when they have been completed.

Areas for development in 2014/2015:

- The profile of the CAF, TAC and LP will continue to be promoted across Bury.

- Currently the CAF Consultants register completed CAFs on an internal database. From mid June 2014, it is envisaged that a new electronic E-CAF system will have been implemented. Existing information will transfer from the database to the new system and any new registrations, reviews & Team Around the Child plans will be input directly on the E-CAF. In subsequent phases the E-CAF system will be available to partner agencies for direct inputting of CAFs, however the timeframe for this is currently unknown.
- The voice of child within the CAF process will be promoted to ensure that their views, wishes, and feelings are documented.
- Improve child and young people evaluations
- Improve parents/carers evaluations
- Question and Answer consultations to continue to assist in capturing all services
- CAF and TAC training to be updated and improved
- New CAF and TAC training to be facilitated
- CAF clinics to be offered to identified services
- Closer links to be made with Social Care Teams when stepping down cases to ensure needs of children and young people are met with ongoing consistency.
- CAF Consultants to be available to professionals to give advice, support and assistance in moving plans forward ensuring positive outcomes
- CAF Consultants to continue to forge links with all partner agencies working collaboratively in line with Bury's vision ensuring the CAF process is fully embedded in every agency
- Identify, target and forge links with agencies whose CAF submission rate is poor to assist in understanding barriers and promote positive change

Report compiled by Kirsty Walton
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